

INFORMED ACKNOWLEDGMENT
FOR SCHOOL TIME OFF-CAMPUS CURRICULAR ACTIVITY

Northcoast Preparatory Academy has limited space for physical and activities on its campus. To enable students to benefit from exercise, athletic endeavors and other curricular activities, we sometimes leave campus to walk, run, go to a park, learn at a non-school facility, and/or participate in games typically associated with general physical education. Such activities are always under the supervision of at least one teacher and all precautions are taken to ensure each student's welfare.

Students may use various methods of transportation including, but not limited to: school bus, school van, a teacher's vehicle, and walking.

THE PURPOSE OF THIS FORM IS FOR THE PARENT/GUARDIAN TO HAVE KNOWLEDGE OF THE FREQUENCY AND NATURE OF NORTHCOAST PREPARATORY ACADEMY'S OFF-CAMPUS CURRICULUM. THIS IS NOT A WAIVER OF LIABILITY FORM.

Student Name: _____

Grade or Group Participating: _____

By their very nature, some activities can put students in situations in which serious, catastrophic and perhaps fatal injuries may occur. These injuries could include, but are not limited to the following: Sprains/Strains, Fractures, Cuts/Abrasions, Unconsciousness, Paralysis, Disfigurement, Head Injuries, Loss of Eyesight, and Death. Parents/guardians and participants must assess the risks involved in such activity and make their choice to permit participation in spite of those risks. No amount of instruction, precaution or supervision will eliminate all risk of injury. By granting permission for your child to participate in activity you, the parent/legal guardian, acknowledge that such risk exists.

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care during off-campus curriculum, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$ 50,000 (applies excess of family health insurance if applicable.)

Student's Critical Medical Needs/Allergies/Conditions: _____

I hereby consent to Northcoast Preparatory Academy personnel permission to obtain emergency medical attention for my child.

Note: Please ensure that student's emergency and medical information is current and on file with the school office.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and permit my child to participate in the described above.

Date: _____

Parent /Legal Guardian Signature: _____